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FOR ACTION

RECOMMENDATION FOR FUNDING FOR THE SHORT-DURATION COUNTRY PROGRAMME**

Democratic Republic of the Congo

SUMMARY

The present document contains a recommendation for funding from general resources and supplementary funds for the country programme of the Democratic Republic of the Congo with a duration of two years that supports activities where the country programme is under preparation. It also contains a recommendation for additional general resources to fund the approved programme for which the balance of approved general resources is not sufficient to fund the programme up to the approved programme period. The Executive Director recommends that the Executive Board approve:

(a) An amount of $16,144,000 from general resources, subject to the availability of funds, and an amount of $12 million in supplementary funds, subject to the availability of specific-purpose contributions, for the period 1998-1999;

(b) Additional general funding in the amount of $359,800, to achieve the objectives of the country programme as originally approved by the Board.

* E/ICEF/1997/20.

** The figures presented in this document are final and take into account unspent balances of programme cooperation at the end of fiscal year 1996. These

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BASIC DATA

(1995 unless otherwise stated)

Child population (millions, 0-17 years)	24.3
U5MR (per 1,000 live births)	207
IMR (per 1,000 live births)	128
Underweight (% moderate and severe)	34
MMR (per 100,000 live births, 1990)	870
Literacy (% male/female)	87/68
Primary school enrolment (% net, male/female)	59/53
Primary school children reaching grade 5 (%, 1993)	64
Access to safe water (%)	42
Access to health services (%)	26
GNP per capita	US$ 120
One-year-olds fully immunized against:	
tuberculosis:	46%
diphtheria/pertussis/tetanus:	26%
measles:	39%
poliomyelitis:	27%
Pregnant women immunized against:	
tetanus:	33%

THE SITUATION OF CHILDREN AND WOMEN

1. The Democratic Republic of the Congo has for two decades been in a state of chronic crisis during which the social, economic and political fabric of the country has been torn apart. The civil war led to the collapse of the former government and has bled the country white. The restoration of political stability has now opened the way for the rebuilding and rehabilitation of basic services. However, the magnitude of the country's pressing social requirements, its vast size and the serious difficulties involved in protecting children, and girls in particular, make it clear that the process will be a laborious and long one. Owing to the seriousness of the socio-economic crisis, the massive destruction that has occurred and to profound latent inter-ethnic tensions, local emergency situations cannot be ruled out. Runaway inflation since 1990 has eroded the purchasing power of families and sapped the recovery funds set up to ensure basic operations at health centres and schools.

2. Faced with this permanent crisis, and needing to tackle everyday problems, civil society has demonstrated great creativity in order to survive, although the situation has become extremely precarious notwithstanding that bold effort. Estimates in 1996 put the number of people living below the absolute poverty line at 81 per cent of the population. In 1995, the national survey on the situation of children and women revealed extremely troubling rates for all social indicators measured, at a time when per capita gross national product was continuing to decline. Mortality rates for infants and children under 5 years

did not decline between 1984 and 1995. Only minimal services are available at centres supported by non-governmental organizations or the charity network, while most of the cost must be borne by those receiving the services, which has resulted in sharp disparities in access to care. Vaccination coverage plummeted between 1991 and 1995. It is estimated that in 1996 HIV affected 8 per cent of the urban population and 3 per cent of the rural population, with girls 12 to 19 years of age being the most vulnerable.

3. The upsurge in epidemics of water-borne infectious diseases is attributable to the destruction and inadequate maintenance of water supply facilities (only 26 per cent of rural households have access to safe water), sanitation facilities (only 6 per cent of rural households have latrines) and poor personal hygiene and environmental sanitation.

4. Approximately 45 per cent (52 per cent in rural areas) of children under five years of age experience moderately or severely delayed growth, a sign of the gradual deterioration of living conditions, and 10 per cent of children under five years of age are moderately or severely underweight. Children between 6 and 26 months of age are the most vulnerable to nutritional deficiencies.

5. The Government's abdication of its responsibilities in the education sector (which accounted for 0.6 per cent of the national budget in 1996) and the erosion of purchasing power have led to a quantitative and qualitative deterioration in elementary education. School attendance has declined 20 per cent since 1978 and the school drop out rate is at 75 per cent. Parents pay for 100 per cent of the cost of educating their children, including teachers' salaries. Some 70 per cent of schools are operated by churches and the private sector.

6. The increasing precariousness of living conditions has undermined the integrity of the family unit. During the civil war, many children were the victims of physical violence or were traumatized by the brutality to which their families were subjected. Thousands of children were separated from their parents in the course of massive population movements. In addition, thousands of children wander about in the towns, while others are forced to perform arduous or unhealthy work, particularly in the mines. Finally, many young girls in cities have been exposed to prostitution.

PROGRAMME OF COOPERATION, 1996-1997

7. Owing to political instability, the programme of cooperation has comprised short-duration cycles, the most recent of which covered the period 1996-1997. Its objective was to improve access to health and education services in seven regions that are home to 65 per cent of the population and to organize national advocacy efforts to promote the Convention on the Rights of the Child.

8. The implementation of the programme was undermined as the democratic process deteriorated, making it necessary to step up emergency activities. Although generally targeted at Rwandan children living in the Goma and Bukavu camps, emergency efforts subsequently were expanded following the

intensification of inter-ethnic conflict in north and south Kivu, which prompted many refugees to return to Rwanda. At the same time, a substantial number of refugees and local inhabitants moved westward. As a result of looting, the destruction of local infrastructures and rights violations, an emergency programme targeting 250,000 persons was put in place for the purpose of identifying, caring for and reunifying unaccompanied children with their families, and with a view to restoring primary health care and nutrition services.

9. Despite these emergencies, advocacy efforts - utilizing the findings of the 1995 national survey - directed at targeted national audiences, the national and international media and embassies and national committees for UNICEF helped to publicize the true situation of children and women.

10. Following the measles and poliomyelitis epidemics, local vaccination campaigns were introduced in 32 towns, thereby protecting 1.6 million children. In addition, 1,920 vaccination centres were strengthened. The enhancement of the health machinery facilitated the formulation of strategies to be adopted, as well as their implementation in the targeted health zones. The campaign to combat HIV/AIDS focused on the recording and dissemination of messages sung by famous singers from the Democratic Republic of the Congo.

11. In late 1996, it was estimated that 90 per cent of the salt on the consumer market was iodized. This positive outcome came about with the introduction of an administrative prohibition of the importation of non-iodized salt and the establishment of sentinel sites.

12. The goal of enhancing access to, the quality of and results achieved by 800 primary schools through the establishment of revolving funds and teaching workshops, together with the preparation of statistical yearbooks, yielded only isolated successes. The obstacles include the lack of an overall plan and the decline in the purchasing power of revolving funds as a result of runaway inflation.

13. The water and sanitation programme yielded significant results with respect to water catchment and watercourse construction. The quality of community management, a factor which will determine the durability of those results, remains to be assessed.

Lessons learned from recent cooperation

14. Experience of emergencies has confirmed the essential part played by: (a) a multisectoral approach, particularly with respect to unaccompanied children; (b) the selection of very specific responses to complement those of other agencies; (c) the preparation of the operation based on knowledge of the environment, anticipation of events and needs and the strategic prior deployment of standardized equipment; (d) the training of national rapid-response teams; (e) prior links with non-governmental organizations; (f) the media, as an ally to promote awareness among the general public and the international community; and, lastly, (g) the availability of adequate financial resources.

15. With respect to the regular programme, the long-term future of the action undertaken can only be ensured through a balance between the rendering of services, capacity-building and community empowerment, a clear definition of objectives and strategies, and more effective supervision and follow-up, while avoiding isolated responses. Moreover, however valid it may be at the local level for non-governmental organizations and associations to take on the role of the State, that approach clearly has its limitations at the area and regional level. The role of the State (planning, supervision and training functions) at the intermediate level should therefore be strengthened, in partnership with the development agencies that are present and with non-governmental organizations.

16. Because of the political and social context and the ongoing administrative reorganization, the recommended cooperation programme covers two years (1998-1999), leading to the preparation of a longer-term programme which will be put into effect after the elections scheduled for April 1999.

Recommendation for the funding from additional general resources of the approved country programme, 1996-1997

17. The ongoing programme of cooperation of the Democratic Republic of the Congo for the 1996-1997 period was approved in 1995 by the Executive Board in the amount of $14 million from general resources and an amount of $6 million from supplementary funds (E/ICEF/1995/P/L.28). In 1996 the level of planning of general resources was increased. In order to compensate for that increase and to attain the objectives of the approved country programme, a supplementary allocation of $359,800 from general resources is required for 1997.

Annual funding requirements

(In United States dollars)

Current programme cycle	Approved general resources funding[a]	Additional funding proposed for 1997
1996-1997	8 096 540	359 800

[a] The amount indicated here includes the real balance carried over from the previous programme cycle.

RECOMMENDED PROGRAMME COOPERATION, 1998-1999

Estimated annual expenditure

(In thousands of United States dollars)

	1998	1999	Total
General resources			
Primary health care	2 472	2 472	4 944
Basic education	1 500	1 500	3 000
Protection of children and women	450	450	900
Social policy development	1 250	1 250	2 500
Intersectoral expenditures	2 400	2 400	4 800
Subtotal	8 072	8 072	16 144
Supplementary funding			
Primary health care	2 200	2 200	4 400
Basic education	1 800	1 800	3 600
Protection of children and women	1 200	1 200	2 400
Social policy development	800	800	1 600
Subtotal	6 000	6 000	12 000
Total	14 072	14 072	28 144

Objectives and strategies

18. The main objectives are to contribute to: (a) ensuring respect for the right of children in highly precarious situations to survival and development, (b) revamping/restoring high-quality basic services at reasonable cost, (c) promoting the implementation of the Convention on the Rights of the Child in the process of national reconstruction.

19. The key strategy will involve the strengthening of partnership with the United Nations agencies and non-governmental organizations, church networks and local associations, which are the only structured entities in the country and are the essential precondition for the implementation of programmes. The elements of this strategy include the integration of social mobilization in all the programmes, the strengthening of activities to prepare for emergencies, the development of a programme funding strategy, making allowances for aspects connected with gender differences and with the promotion of changes in behaviour, the dynamic relationship between initiatives, and the geographical convergence of projects.

20. The aim of the primary health care (PHC) programme will be to rehabilitate and revitalize PHC, giving pride of place to aspects of health that have suffered most from the recent crisis and those involving a high epidemiological risk. The expanded programme on immunization (EPI) project is designed to organize local immunization days targeting children aged under 5 years in 100 towns and to revitalize routine activities. This requires support for micro-planning, the organization of advanced strategies, the bringing into service of regional EPI networks and enhanced supervision and training. Vitamin A supplementation will be part of the immunization sessions. The project to strengthen health areas will continue ongoing efforts to incorporate a minimum health-care package at the primary level, and essential high-quality obstetric care at the level of hospitals of first referral. Activities will focus on the establishment of networks for the supply of essential drugs at the regional level, capacity-building at the local and intermediate levels, the establishment of working capital funds, the equipping of health centres, the rehabilitation of structures and the development of community management skills. Particular attention will be paid to research and action to promote equity. A water component will be closely linked with health practices.

21. The objective of the basic education programme is to contribute to enhancing the opportunities available to parents to ensure high-quality basic education for their children. The project for the revitalization of primary schools aims to increase the availability of school places and the utilization of structures, as well as the quality of teaching. Activities will focus on the restoration of buildings destroyed during the conflict, the provision of equipment, the training of teachers and school principals, and the involvement of parents in the co-management of schools. Initially, "school kits" will be widely distributed. Concurrently, consideration will begin at the national level with a view to devising a decentralized management strategy to increase rates of student admission, enrolment and retention. The education-for-life project will focus on the development of teaching methods for the prevention of HIV/AIDS and on education for peace. With respect to AIDS, the project will target adolescents, whether or not enrolled in school. Comprehensive and specific information on sexually transmitted diseases and AIDS, using a participatory approach, will aim to bring about a change in favour of responsible sexual behaviour. With respect to education for peace, educational research will lead to the incorporation of specific messages in school curricula. These messages will be tested in the schools targeted by the first project before being used on a wider scale.

22. The programme on the protection of women and children comprises two projects to be financed mainly by supplementary funding. The "child combatant" project will take the form of advocacy and will aim to bring about the demobilization of child combatants. It will also aim to mobilize resources, identify strategies and develop skills with a view to promoting their re-enrolment in school and their reincorporation in society. The project on "children and women in especially difficult circumstances" is aimed at categories of children, adolescents and girls who have become substantially more vulnerable. These are principally unaccompanied children, street children, child workers, particularly children employed in mines, children in conflict with the law, orphaned children and girls exposed to prostitution.

23. UNICEF's action will be designed to improve understanding of the specific problems of each of these categories, followed by a study of appropriate strategies, advocacy vis-à-vis the authorities and the main figures of civil society, and the mobilization of resources in order to meet those needs. Partner organizations will be supported with a view to the reintegration of separated or orphaned children through surveys, and the search for and reunification of families. A programme on the treatment of injuries will be undertaken to develop special skills for the supervision and rehabilitation of such children. Particular attention will be paid to girls and young women who have been victims of violence and whose physical and psychosocial rehabilitation and integration in society will be facilitated through reunification with their families.

24. The objective of the programme for social policy development will be to: (a) provide advocacy for the implementation of the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women, and (b) to assist the new authorities of the country to develop relevant social policies in keeping with the real needs of the country. A first project will ensure the continuous updating of a database on the two Conventions, thereby providing food for thought and a means of analysing the progress and difficulties connected with their implementation. It will also aim to assist in the periodic preparation of the report on the situation of children and in the implementation of the recommendations of the Committee on the Rights of the Child. A second project will carry out sectoral surveys and analyses in order to provide input for consideration of the development of relevant social policies. It will include consideration of: (a) priority topics such as the remodelling of the health system, basic education, water services and sanitation, and the nutrition of young children and vulnerable groups; (b) strategies such as the 20 per cent/20 per cent approach which will address mismatches in the potential resources of the country, and also new investments from outside and their utilization in terms of budgets for priority social sectors.

Collaboration with other partners

25. Under the auspices of the United Nations Resident Coordinator, UNICEF will take part in inter-agency coordination in order to define common positions with respect to evaluation, the harmonization of approaches and programming cycles, and the security of goods and persons. In the implementation of the rehabilitation programmes, cooperation will be continued, under the supervision of the Special Representative of the Secretary-General, with the present partners: the World Health Organization, the Office of the United Nations High Commissioner for Refugees, the World Food Programme, the European Union, bilateral Belgian and French cooperation and the Belgian Rotary Clubs. As part of the reconstruction and reform of the State, partnership will be strengthened or initiated with the European Union, the World Bank and with a number of bilateral agencies including the United States Agency for International Development (USAID).

Programme management

26. The size of the territory and the weakness of existing structures justify the maintenance of auxiliary offices and outreach units to support action in the field. Nevertheless, their role and organization need to be redefined on the basis of the evaluation made in 1997. An integrated follow-up and evaluation plan will be drawn up, comprising sectoral and intersectoral action plans/work plans, three-monthly reviews to evaluate progress with the auxiliary offices, an annual review and the definition of indicators.

Programme funding

27. Although the activities proposed here will be funded mainly from general resources and supplementary funds approved by the Executive Board, additional supplementary funds may be mobilized in order to respond to emergency situations that cannot be foreseen at the present time. Such funds would be mobilized through the usual machinery for global inter-agency appeals.

TABLE

LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

COUNTRY : DEMOCRATIC REPUBLIC OF THE CONGO
PROGRAME : 1996-1999

PROGRAMME SECTION/AREAS AND FUNDING SOURCE	PROGRAMME BUDGET				POSTS a/										STAFF COSTS b/		
	GR	FSF	NSF	TOTAL	D2/L7	D1/L6	P/L5	P/L4	P/L3	P/L2	IP	NP	GS	TOTAL	IP	LOCAL	TOTAL
GENERAL RESOURCES :																	
PRIMARY HEALTH CARE	4,944,000			4,944,000	0	0	1	1	0	0	2	3	1	6	727,246	344,585	1,071,831
BASIC EDUCATION	3,000,000			3,000,000	0	0	0	1	0	0	1	0	1	2	334,472	27,743	362,215
PROTECTION OF CHILDREN AND WOMEN	900,000			900,000	0	0	0	1	0	0	1	0	1	2	334,472	27,743	362,215
SOCIAL POLICY DEVELOPMENT	2,500,000			2,500,000	0	0	0	0	1	0	1	1	0	2	295,704	82,986	378,690
CROSS-SECTORAL COSTS	4,800,000			4,800,000	0	0	0	2	3	0	5	8	34	47	1,556,056	1,758,546	3,314,602
TOTAL GR	16,144,000			16,144,000	0	0	1	5	4	0	10	12	37	59	3,247,950	2,241,603	5,489,553
SUPPLEMENTARY FUNDING c/																	
PRIMARY HEALTH CARE		0	4,400,000	4,400,000	0	0	0	1	0	0	1	0	0	1	334,472	0	334,472
BASIC EDUCATION		0	3,600,000	3,600,000	0	0	0	0	0	0	0	0	0	0	0	0	0
PROTECTION OF CHILDREN AND WOMEN		0	2,400 000	2,400,000	0	0	1	1	5	0	7	1	0	8	2,205,766	105,614	2,311,380
SOCIAL POLICY DEVELOPMENT		0	1,600,000	1,600,000	0	0	0	0	0	0	0	0	0	0	0	0	0
CROSS-SECTORAL COSTS		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL SF		0	12,000,000	12,000,000	0	0	1	2	5	0	8	1	0	9	2,540,238	105,614	2,645,852
TOTAL GR & SF	16,144,000	0	12,000,000	28,144,000	0	0	2	7	9	0	18	13	37	68	5,788,188	2,347,217	8,135,405
SUPPORT BUDGET			Operating costs Staffing	690,666	0	1	1	2	0	0	4	2	9	15	1,500,017	472,663	1,972,680
GRAND TOTAL (GR + SF + SB)					0	1	3	9	9	0	22	15	46	83	7,288,205	2,819,880	10,108,085
	Number of posts and staff costs: Current programme cycle At the end of proposed programme cycle (indicative only)										14 22	12 15	46 46	72 83	7,288,205	2,819,880	10,108,085

GR = general resources.
SF = supplementary funding.
FSF = funded supplementary funding.
NSF = new supplementary funding.
IP = international Professional.
NP = national Professional.
GS = General Service.
SB = support budget.

a/ Each post, regardless of its funding source, supports the country programme as a whole.
b/ Excludes temporary assistance and overtime.
c/ There are supplementary funds under Emergency Programme which are not included in the table.

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FOR ACTION

RECOMMENDATION FOR FUNDING FOR A SHORT-DURATION COUNTRY PROGRAMME**

Sierra Leone

SUMMARY

The present document contains a recommendation for funding from general resources and supplementary funds for the country programme of Sierra Leone with a duration of two years. The Executive Director recommends that the Executive Board approve the amount of $2,916,000 from general resources, subject to the availability of funds, and $4,000,000 in supplementary funds, subject to the availability of specific-purpose contributions, for the period 1998 to 1999.

* E/ICEF/1997/20.

** The figures provided in the present document are final and take into account unspent balances of programme cooperation at the end of 1996. They will be contained in the "Summary of 1997 recommendations for general resources and supplementary funding programmes" (E/ICEF/1996/P/L.18).

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BASIC DATA
(1996 unless otherwise indicated)

Child population (millions, under 18 years)	2.1
U5MR (per 1,000 live births)	284
IMR (per 1,000 live births)	164
Underweight (% moderate and severe, 1990)	29
Maternal mortality rate (per 100,000 live births, 1990)	1,800
Literacy (% male/female)	45/18
Primary school enrolment (% net, male/female)	...
Primary school children reaching grade 5 (%)	...
Access to safe water (%, 1994)	34
Access to health services (%, 1990)	38
GNP per capita	$180
One-year-olds fully immunized against:	
tuberculosis:	60 per cent
diphtheria/pertussis/tetanus:	43 per cent
measles:	46 per cent
poliomyelitis:	43 per cent
Pregnant women immunized against:	
tetanus:	61 per cent

THE SITUATION OF CHILDREN AND WOMEN

1. The May 1997 coup by the Armed Forces Revolutionary Council, allied with the Revolutionary United Front (RUF), ousted the democratically elected President and Government of Sierra Leone. This led to renewed movement of displaced persons within the country and a flight of professionals abroad. As of late June, it was not clear how and when the crisis would be resolved. It is clear, however, that the nature of the regime and the manner of the resolution of the conflict will determine questions such as diplomatic recognition, security within the country, the return of national professionals and the extent and nature of external funding. All of these factors affect not only children and women but also the way UNICEF responds to the evolving situation. Whether working in displaced persons' camps or communities, and although the balance of partnerships to be pursued may vary, the primary aim of UNICEF in Sierra Leone will be to support the restoration of basic services through the stages of relief, rehabilitation and development. UNICEF will also work to address child protection issues, particularly with regard to child combatants.

2. Even prior to the coup, five years of internal armed conflict had resulted in over 70 per cent of the population living below the poverty line and by 1996, 40 per cent of the population were internally displaced. By the end of 1996, democratic elections and a peace agreement with the RUF appeared to set the stage for improved security and donor funding. Agriculture and mineral production, the base of the economy, showed positive signs of improvement with most displaced persons returning to their communities and planting crops for the harvest in October. In early 1997, however, implementation of the peace agreement was stalled, with RUF fighters holding out in several strategic parts of the country and new conflicts developing between the army and civil militias called kamajors. The Government's promised decentralization to district

administrations was delayed and their capacity to deliver basic services was very weak, with a resulting reliance on international non-governmental organizations (NGOs) for the operation of essential services.

3. Because of the population displacements, reliable data on the condition of women and children in Sierra Leone are limited. The predominant causes of infant and under five mortality are malaria, diarrhoea and acute respiratory infections. The maternal mortality ratio, among the highest in the world, is a result of sepsis, eclampsia, obstructed labor and haemorrhage, with anaemia a major contributory factor. About 25 per cent of all maternal deaths occur to teenagers. The present crisis has caused further deterioration in the education sector, where school enrolment was already low with adult illiteracy at 67 per cent.

4. Any further dislocation of the population will inevitably lead to more children being separated from their families, increasing the number of unaccompanied children which already was estimated at over 8,000. Because youth unemployment is a serious problem, continued conflict will attract child combatants. Rape and sexual abuse of women and girls are prevalent during attacks and contribute to already high rates of teenage pregnancy and sexually transmitted diseases. Girls are also subject to sexual and labour exploitation, although the nature and extent of this abuse needs to be researched.

PROGRAMME COOPERATION, 1996-1997

5. The previous programme of cooperation was approved for two years because of the emergency situation. UNICEF originally concentrated on support to displaced people in camps and densely populated communities, and with their return to their communities in 1997, shifted its focus to community-level rehabilitation and resettlement.

6. UNICEF initially focused on provision of basic health services through satellite clinics in displaced persons' camps and urban areas. As populations returned to their communities, support shifted to rehabilitation of primary health units, training, mass immunization campaigns and rehabilitation of the cold chain. UNICEF worked with the World Health Organization (WHO) and NGOs in cholera prevention. Over 5,000 community "blue flag" volunteers were trained to promote oral rehydration therapy, immunization and sanitation in camps and overcrowded communities and also chlorinated 4,000 water wells. Other water and sanitation activities included daily trucking of water to camps, drilling of bore holes and provision of purification sets and water tanks. As populations return to communities, traditional water sources will be rehabilitated and wells drilled, and low-cost sanitation latrines will be constructed with community involvement.

7. UNICEF supported nutrition surveillance and therapeutic feeding for 5,000 children, supported periodic nutrition surveys and provided health staff and women leaders with guidelines and equipment for growth monitoring. A national system was established to monitor salt iodization and 50 salt monitors were trained. Vitamin A capsules were administered to 176,000 children in combination with therapeutic feeding and immunization. Teenage mothers and other vulnerable women received farming tools and seeds which were used to cultivate over 2,000 acres. Over 1,000 displaced women in camps were trained in small-scale food production and income-generation skills and provided with microcredits.

8. UNICEF provided school-in-a-box kits, exercise books and teaching and learning materials to camps and primary schools. Displaced primary school teachers were trained in peace education and over 400 facilitators were trained to provide 20,000 adult learners with non-formal education.

9. Unaccompanied children were supported with basic day care services in drop-in centres. UNICEF also supported the establishment of a national family tracing and reunification network for these children and over 1,000 children were reunited with their families. UNICEF assisted the demobilization, care and rehabilitation of child soldiers, including the development of a trauma-healing curriculum and related training. Following the events of May 1997, some 500 child combatants were part of the RUF forces in Freetown. As of late June, UNICEF was advocating for the removal of these children from the front lines and for their care and rehabilitation.

RECOMMENDED PROGRAMME COOPERATION, 1998-1999

Estimated annual expenditure

(In thousands of United States dollars)

	1998	1999	Total
General resources			
Health and nutrition	413	400	813
Water and sanitation	150	153	303
Child protection	180	184	364
Education	180	184	364
Programme planning and development	535	537	1 072
Subtotal	1 458	1 458	2 916
Supplementary funding			
Health and nutrition	900	800	1 700
Water and sanitation	250	350	600
Child protection	400	400	800
Education	250	250	500
Programme planning and development	200	200	400
Subtotal	2 000	2 000	4 000
Total	3 458	3 458	6 916

10. Prior to the events of May 1997, UNICEF, in consultation with the Government, had decided on a short-duration country programme that would support the restoration of basic services for children and women and allow the development of a longer-term programme. The programme elements remain unchanged by recent events, although the manner and pace of implementation will depend on the evolution of events.

Health and nutrition

11. Health and nutrition will be fundamental to the proposed country programme. EPI, including the provision of vaccines and injection materials and support for the cold chain, will remain a priority. Training will focus on cold-chain management and EPI monitoring at central, district, and peripheral

levels in collaboration with WHO. Primary health units will be provided with basic medical equipment, and essential drugs and a phased cost-recovery system will be introduced. Training for the health and community workers will cover immunization, ORT, growth monitoring, promotion of breast-feeding and safe motherhood. Members of district health teams will be trained in the concept of decentralized health services management, integrated management of childhood illnesses, monitoring and evaluation and will be supported in their monthly monitoring and supervisory activities. The Bamako Initiative will be extended to cover those districts where conditions allow.

12. UNICEF will support the establishment of a national nutrition surveillance system to address the basic causes of malnutrition and guide resource allocation and decision-making to target vulnerable groups. Vulnerable female-headed families will continue to be targeted for household food security.

Water and environmental sanitation

13. The programme will seek to increase access to and utilization of adequate water and sanitation facilities to displaced persons and returnees. Hygiene education will be intensified and teaching materials developed. Teachers and scouts/school children will be trained to promote hygiene education in their schools and communities. In addition, 2,000 "blue flag" volunteers will be mobilized to disseminate hygiene education messages in communities and camps. Local latrine technicians will receive training on how to construct and maintain latrines in their own communities and hand-pump caretakers will be trained to service community pumps. Well owners will be trained on efficient chlorination.

14. Traditional water sources will be improved and better wells constructed. Hand-pumps will be provided to collaborating NGOs active in the sector. The water and sanitation project will support chlorination of at least 5,000 wells in urban areas as a preventative measure against cholera outbreaks. Hygiene education will also be conducted in urban areas.

Education

15. The objectives of the programme will be to provide access to education for primary school-aged children (especially girls) through both the formal and the non-formal system of education, as well as to increase the adult literacy rate, especially of women in resettled areas. Quarterly mass sensitization campaigns for basic education (especially for females) will target the general public, parents and guardians, school children, teachers, religious leaders, women's groups and traditional leaders. Teachers in resettled districts will be trained in peace education and support will be provided for teacher-training colleges to improve the quality of teaching in primary schools. Primary schools in resettled areas will be provided with school-in-a-box kits and teaching and learning materials for various training. Facilitators will be trained in the methodology of non-formal primary education and teaching literacy to adults targeted to women. The non-formal education curriculum (both primary and adult) will include aspects of peace education.

Child protection

16. The social integration of the remaining 8,000 unaccompanied children in the country will be accelerated by mobilizing institutions and communities. The demobilization of the remaining estimated 2,000 child combatants will require advocacy in support of their reintegration through the phases of tracing, skills training and psychological support. UNICEF will support the provision of basic services to the estimated 3,000 street children while progressively downgrading support to direct interim care in favour of family reintegration.

17. Key personnel will be trained in psycho-social activities and community-based trauma alleviation. A joint peace education and conflict resolution programme will be carried out in collaboration with the Ministry of Education and coordinated with education activities. Priority will be given to operational research on the plight of girl children both to understand their situation and design and implement interventions to address protection issues.

Social mobilization, communication and advocacy

18. Social mobilization and programme communication will support all sectoral components in terms of soliciting political commitment, creating public awareness and enhancing community participation. Specifically, this cross-cutting programme will design strategies and materials to enhance community participation in the specific programmes and services. Audience analysis will stimulate community-specific strategies and interventions to enhance the empowerment of individuals, families and communities, especially women, to undertake activities to improve their status and well-being and that of their children.

19. Advocacy activities will focus on implementation of the Convention on the Rights of the Child, using local and international media and NGOs to increase awareness of children's and women's rights and to advocate for policy and resource allocation to address child welfare resources.

Programme planning and development

20. Programme planning and development supports all programme sectors by maintaining the social sector database and through monitoring and evaluation. Programme planning also steers the UNICEF programme management process including periodic management reviews and coordination with other United Nations activities such as the System-wide Special Initiative for Africa.

Resource mobilization

21. The UNICEF programme of cooperation will be financed with general resources and supplementary funds as approved by the Executive Board. In addition, a consolidated inter-agency appeal is expected to solicit funds for emergency relief activities.

TABLE

LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

COUNTRY : SIERRA LEONE
PROGRAMME : 1998-1999

PROGRAMME SECTION/AREAS AND FUNDING SOURCE	PROGRAMME BUDGET				POSTS a/										STAFF COSTS b/		
	GR	FSF	NSF	TOTAL	D2/L7	D1/L6	P/L5	P/L4	P/L3	P/L2	IP	NP	GS	TOTAL	IP	LOCAL	TOTAL
GENERAL RESOURCES :																	
HEALTH AND NUTRITION	813,000			813,000	0	0	0	1	0	0	1	2	2	5	394,569	88,668	483,237
WATER AND SANITATION	303,000			303,000	0	0	0	0	0	0	0	0	0	0	0	0	0
EDUCATION	364,000			364,000	0	0	0	0	0	0	0	1	1	2	0	47,402	47,402
CHILD PROTECTION	364,000			364,000	0	0	0	0	0	0	0	0	1	1	0	9,380	9,380
PROGRAMME PLANNING AND DEVELOPM.	1,072,000			1,072,000	0	0	0	0	0	0	0	4	8	12	0	211,707	211,707
TOTAL GR	2,916,000			2,916,000	0	0	0	1	0	0	1	7	12	20	394,569	357,157	751,726
SUPPLEMENTARY FUNDING :																	
HEALTH AND NUTRITION		0	1,700,000	1,700,000	0	0	0	0	0	0	0	2	4	6	0	87,259	87,259
WATER AND SANITATION		0	600,000	600,000	0	0	0	0	0	0	0	2	0	2	0	63,913	63,913
EDUCATION		0	500,000	500,000	0	0	0	0	0	0	0	1	1	2	0	34,590	34,590
CHILD PROTECTION		0	800,000	800,000	0	0	0	0	1	0	1	1	0	2	290,630	28,959	319,589
PROGRAMME PLANNING AND DEVELOPM.		0	400,000	400,000	0	0	0	0	2	0	2	1	12	15	581,260	147,285	728,545
TOTAL SF		0	4,000,000	4,000,000	0	0	0	0	3	0	3	7	17	27	871,890	362,006	1,233,896
TOTAL GR & SF	2,916,000	0	4,000,000	6,916,000	0	0	0	1	3	0	4	14	29	47	1,266,459	719,163	1,985,622
SUPPORT BUDGET			Operating costs	500,868													
			Staffing		0	0	1	1	1	0	3	2	8	13	1,154,027	210,907	1,364,934
GRAND TOTAL (GR + SF + SB)					0	0	1	2	4	0	7	16	37	60	2,420,486	930,070	3,350,556
Number of posts and staff costs:																	
Current programme cycle											5	14	34	53			
At the end of proposed programme cycle (indicative only)											7	16	37	60	2,420,486	930,070	3,350,556

GR = general resources.
SF = supplementary funding.
FSF = funded supplementary funding.
NSF = new supplementary funding.
IP = international Professional.
NP = national Professional.
GS = General Service.
SB = support budget.

a/ Each post, regardless of its funding source, supports the country programme as a whole.
b/ Excludes temporary assistance and overtime.